

# Exhibit 3B

January 2, 2020 INOVA  
Admission Summary

Name: Zackary E Sanders | DOB: 2/16/1995 | MRN: 02378093 | PCP: PCP None, MD

## Appointment Details

### Notes

#### Notes From Your Visit

Wendy E Thompson, FNP at 1/15/2020 2:00 PM

Status: Signed

#### History of Present Illness

Patient presents to clinic for post hospitalization for bilateral eye pain with associated left eye blurry vision. Information obtained from patient and medical record. "Patient presented to ED after seeing ophthalmology who noted left eye papilledema. Patient was seen by neurology and given 3 days of IV Solumedrol. MRI of cervical spine came back negative for acute issues. MRI of brain showed pansinusitis. His symptoms were improving after 3 doses of the IV Solumedrol. He was discharged with follow up to see Dr. Kulkarni and Dr. Dave." The patient is a 24 year old male presenting by himself. Past medical history includes chronic migraines, left optic neuritis. Overall patient reports continued blurred vision from left eye on confrontation. He continues to have an ache if he looks all the way to left or right. He did receive 3 doses of IV solumedrol which did help significantly. Last dose was on 1/4/2020. He tells me he was supposed to be given the last 2 doses on discharge, however this was discontinued due to improvement. Symptoms have improved, but continues.

#### NO Procedures

I personally reviewed the Imaging/studies on this patient.

ROS Negative except as noted in HPI or BOLD:

Weight loss gain	Heartburn Ulcer	Pain joint arm leg hand foot
Fever Tic bite	Swallowing problems	Left Right Weak arm leg hand foot all over
Night sweats	Hearing problems tinnitus	Left Right numbness and tingling arm leg hand foot
Rash	Arm leg face Weakness	Back Pain Neck Pain
Chest pain SOB Asthma	Fatigue Daytime sleepiness	LOC Altered consciousness
Stroke like spell	Headache Facial Pain	Seizure like spell
Abdominal pain	Diplopia Dizziness	Sleep problems OSA EDS
Change in Bowels	Eye pain Vision Change	Anxiety Stress Depression
Hematuria Incontinence	Hoarseness Speech change	Word finding difficulty
Nausea Vomit Diarrhea	Poor balance unsteady Falls	Memory loss Cognitive issues close call

The following portions of the patient's history were reviewed and updated as appropriate:

Allergies: NKDA

Sanders\_025

4/10/2020, 2:33 PM

Current meds reviewed and are correct in EPIC  
Social history: nonsmoker

**EXAM:**

**Visit Vitals**

BP	130/80 (BP Site: Left arm, Patient Position: Sitting, Cuff Size: Large)
Pulse	87
Ht	1.713 m (5' 7.44")
Wt	110 kg (242 lb 9.6 oz)
BMI	37.50 kg/m <sup>2</sup>

**General appearance:** Well nourished, well developed male in NAD

**HEENT:** NC/AT. Facial symmetry. Anicteric sclera. Cornea is clear. Nose in the midline. No Discharges. Tongue midline and able to move the tongue freely and with strength. Uvula positioned in the mid line.

**Neck:** supple

**Cardiovascular:** No edema.

**Pulmonary:** Unlabored breathing. .

**Abdomen:** Nondistended, nontender

**Mental Status:** The patient was awake, alert and oriented X4. Normal affect.

Recent and remote memory appeared to be normal.

Attention span and concentration appear normal.

Fluent without aphasia.

**Cranial nerves:**

**Cranial Nerves:**

III, IV, VI: EOMI, No nystagmus, no palsies, no ptosis

V: Intact to LT V1-V3 distribution bilaterally.

VI: Symmetrical face and expression.

VIII: Hearing intact to conversation

IX, X: Palate/Uvula elevates symmetrically.

XII: Tongue is midline.

**Motor:** Muscle tone normal. No atrophy. No fasciculations. No pronator drift. Moving all extremities equally.

**Coordination:** no truncal ataxia. No tremors

**Gait:** Stable. Good stride length, good initiation.

**Assessment:**

1. History of recent Left eye optic neuritis with continued symptoms
2. Left eye with blurred vision
3. Pain with moving eyes from left to right or right to left

**Plan: Spoke with Dr. Kurukumbi for POC**

1. Prescribed Medrol pak
2. Follow up as scheduled with Dr. Kulkarni and Dr. Dave

**Medication Management**

Expressive supportive care given

Sanders\_026

**The patient is to contact me via MyChart if there is any question or new development or medication side effects and to check on testing results as they become available.**

Dr. Cochran was available in a supervisory capacity.

Wendy Thompson, FNP

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Sanders\_027

Name: Zackary E Sanders | DOB: 2/16/1995 | MRN: 02378093 | PCP: PCP None, MD

## Appointment Details

### Notes

#### Notes From Your Visit

Rahul H Dave, MD PhD at 1/27/2020 12:30 PM

Status: Signed

#### **VISUAL EVOKED POTENTIAL STUDY**

*Visual evoked response testing was performed using the Guidelines of the American Clinical Neurophysiology Society. Copies of the recording are available upon request (see Media tab in EPIC)*

Uncorrected visual acuity:  
OS 20/25      OD: 20/20

Waveforms were good.

The absolute P100 latencies and inter-ocular differences were:  
OS: 121 msec      OD: 115 msec

#### **IMPRESSION:**

There was prolonged delay especially in the left eye compared to the right eye. The inter-eye delay of 6 ms is significant given the patient's reported complaints. The potentials suggest ongoing acute optic neuritis rather than chronic changes.

A MyChart message was sent to patient advising him to present to ER for additional IV steroids

Rahul Dave, MD PHD  
IMG Neurology

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Sanders\_028

4/10/2020, 2:30 PM

Name: Zackary E Sanders | DOB: 2/16/1995 | MRN: 02378093 | PCP: PCP None, MD

## Test Results

Be advised that most outpatient test results will not be available in MyChart until 3 business days after the result is finalized. However, some results do release at various intervals and can take up to 14 days to release unless your Provider releases them early. Please see the chart for reference.

If you do not see your results listed, please contact the location where the testing was performed.

Your Physician may not have reviewed the results of these tests in the context of your overall medical condition for 3-5 business days.

Testing performed outside of Inova or Valley Health at another location will not be available in MyChart unless your Provider scans those results into your Electronic Health Record.

Test	Ordered By	Date ▾
QUANTIFERON(R)-TB GOLD PLUS	Rahul H Dave, MD ...	Mar 5, 2020
CBC WITH DIFFERENTIAL	Huy D Nguyen, MD	Jan 29, 2020
MAGNESIUM	Huy D Nguyen, MD	Jan 29, 2020
PT AND APTT	Huy D Nguyen, MD	Jan 29, 2020
COMPREHENSIVE METABOLIC PANEL	Huy D Nguyen, MD	Jan 29, 2020
GFR	Huy D Nguyen, MD	Jan 29, 2020
MRI SPINE THORACIC W/WO CONTRAST	Benjamin E Wyllie, ...	Jan 28, 2020
CT CHEST W CONTRAST	Benjamin E Wyllie, ...	Jan 28, 2020
CBC WITH DIFFERENTIAL	Christopher Brian ...	Jan 28, 2020
COMPREHENSIVE METABOLIC PANEL	Christopher Brian ...	Jan 28, 2020
MAGNESIUM	Christopher Brian ...	Jan 28, 2020

Sanders\_029

GFR	Christopher Brian ...	Jan 28, 2020
ARBOVIRUS PANEL, IGM	Rahul H Dave, MD ...	Jan 28, 2020
FUNGAL ANTIBODY PANEL, SERUM	Rahul H Dave, MD ...	Jan 28, 2020
FUNGITELL (R) (1.3)-B-D GLUCAN ASSAY	Rahul H Dave, MD ...	Jan 28, 2020
VARICELLA ZOSTER IGM	Rahul H Dave, MD ...	Jan 28, 2020
EPSTEIN BARR VIRUS VCA IGM	Rahul H Dave, MD ...	Jan 28, 2020
CYTOMEGALOVIRUS Ab IgM	Rahul H Dave, MD ...	Jan 28, 2020
T4	Rahul H Dave, MD ...	Jan 28, 2020
TSH	Rahul H Dave, MD ...	Jan 28, 2020
RHEUMATOID FACTOR	Rahul H Dave, MD ...	Jan 28, 2020
PROTEINASE-3 AB	Rahul H Dave, MD ...	Jan 28, 2020
HIV AG/AB 4TH GENERATION	Rahul H Dave, MD ...	Jan 28, 2020
HEPATITIS C ANTIBODY	Rahul H Dave, MD ...	Jan 28, 2020
HEPATITIS B SURFACE ANTIGEN	Rahul H Dave, MD ...	Jan 28, 2020
HEPATITIS B SURFACE ANTIBODY QUA...	Rahul H Dave, MD ...	Jan 28, 2020
HEP B CORE ANTIBODY, TOTAL	Rahul H Dave, MD ...	Jan 28, 2020
SEDIMENTATION RATE	Rahul H Dave, MD ...	Jan 28, 2020
MYELOPEROXIDASE ANTIBODY	Rahul H Dave, MD ...	Jan 28, 2020
COPPER, SERUM	Rahul H Dave, MD ...	Jan 28, 2020

Sanders\_030

C-REACTIVE PROTEIN	Rahul H Dave, MD ...	Jan 28, 2020
ZINC	Rahul H Dave, MD ...	Jan 28, 2020
CYCLIC CITRUL PEPTIDE AB, IGG	Rahul H Dave, MD ...	Jan 28, 2020
VISUAL EVOKED POTENTIAL TEST	Rahul H Dave, MD ...	Jan 27, 2020
XR CHEST 2 VIEWS	Norina Cukon-Lyo...	Jan 11, 2020
POCT INFLUENZA A/B	Norina Cukon-Lyo...	Jan 11, 2020
DRUG TEST, GENERAL TOXICOLOGY U...	Benjamin E Wyllie, ...	Jan 3, 2020
PT AND APTT	Huy D Nguyen, MD	Jan 3, 2020
ANA PANEL	Benjamin E Wyllie, ...	Jan 3, 2020
ANGIOTENSIN CONVERTING ENZYME	Benjamin E Wyllie, ...	Jan 3, 2020
LYME AB, TOTAL,REFLEX TO WESTERN...	Benjamin E Wyllie, ...	Jan 3, 2020
VITAMIN B12	Benjamin E Wyllie, ...	Jan 3, 2020
SYPHILIS SCREEN IGG AND IGM	Benjamin E Wyllie, ...	Jan 3, 2020
TSH	Benjamin E Wyllie, ...	Jan 3, 2020
COMPREHENSIVE METABOLIC PANEL	Huy D Nguyen, MD	Jan 3, 2020
CBC WITH DIFFERENTIAL	Huy D Nguyen, MD	Jan 3, 2020
MAGNESIUM	Huy D Nguyen, MD	Jan 3, 2020
GFR	Huy D Nguyen, MD	Jan 3, 2020
C-REACTIVE PROTEIN	Huy D Nguyen, MD	Jan 3, 2020

Sanders\_031

MRI BRAIN W/WO CONTRAST	Benjamin E Wyllie, ...	Jan 2, 2020
MRI SPINE CERVICAL W/WO CONTRAST	Benjamin E Wyllie, ...	Jan 2, 2020
CT HEAD WO CONTRAST	Glenn G Druckenbr...	Jan 2, 2020
CBC WITH DIFFERENTIAL	Trevor D Talbert, MD	Jan 2, 2020
COMPREHENSIVE METABOLIC PANEL	Trevor D Talbert, MD	Jan 2, 2020
GFR	Trevor D Talbert, MD	Jan 2, 2020
POCT INFECTIOUS MONO ANTIBODY	Kathryn A O'Conne...	Dec 28, 2019
POCT INFLUENZA A/B	Kathryn A O'Conn...	Dec 28, 2019
CT LUMBAR SPINE WO CONTRAST	Ashna Nayyar, PA	Nov 16, 2019
MRI KNEE LEFT	Michael P Cassidy, ...	Feb 19, 2019

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Sanders\_032

Name: Zackary E Sanders | DOB: 2/16/1995 | MRN: 02378093 | PCP: PCP None, MD

## Your Admission - 01/28/20

### Admission Summary

### Discharge Instructions

#### AVS - DISCHARGE INSTRUCTIONS

Zackary E. Sanders MRN: 02378093

Optic neuritis, left 1/28/2020 - 1/29/2020 Inova Fairfax Hospital North Tower 3 FAIRFAX HOSPITAL 703-776-4001

AFTER VISIT SUMMARY (AVS)



### Most Important



About Your Stay

#### Reason for your Hospital Admission:

Optic neuritis

#### Instructions for after your discharge:

To have outpatient IV Solumedrol 1000 mg/day infusion at infusion center starting 1/30/20 for total of 2 days, set up at infusion center.

### Things To Do



Do

- Schedule an appointment with Rahul H Dave, MD PhD as soon as possible for a visit in 2 week(s)  
Inova Medical Group - Neurology II  
703-280-1234

### Doctor in charge of your hospital stay

No att. providers found

Sanders\_033

## What's next

Follow up with PCP None, MD

Schedule an appointment with Rahul H Dave, MD PhD  
as soon as possible for a visit in 2 week(s)

Inova Medical Group -  
Neurology II  
8505 Arlington Blvd  
450  
Fairfax VA 22031-4630  
703-280-1234

## You are allergic to the following

No active allergies

## Immunizations Administered for This Admission

No immunizations on file.

Sanders\_034

## Discharge Medication List as of January 29, 2020 5:31 PM

**i** Medication Lists help reduce medication errors and help prevent harmful drug interactions. Please maintain and update your medication list and share it with your health care providers at every visit.

	Instructions	AM	Noon	PM	Bed	As Needed
<b>amoxicillin-clavulanate</b> 875-125 MG per tablet Common Name: AUGMENTIN	Take 1 tablet by mouth 2 (two) times daily Last given: January 29, 2020 9:39 AM					
<b>fluticasone-salmeterol</b> 115-21 MCG/ACT inhaler Common Name: ADVAIR HFA	Inhale 2 puffs into the lungs 2 (two) times daily					
<b>ibuprofen</b> 800 MG tablet Common Name: ADVIL, MOTRIN	Take 1 tablet (800 mg total) by mouth every 8 (eight) hours as needed for Pain					
<b>meloxicam</b> 15 MG tablet Common Name: MOBIC	Take 15 mg by mouth daily					
<b>rizatriptan</b> 10 MG tablet Common Name: Maxalt	Take 1 tablet (10 mg total) by mouth once as needed for Migraine. for up to 1 dose May repeat in 2 hours if needed. Max 2/day					

Sanders\_035

## Notice of Non-Discrimination

As a recipient of federal financial assistance, Inova Health System ("Inova") does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, sex, disability, or age in admission to, participation in, or receipt of the services or benefits under any of its programs or activities, whether carried out by Inova directly or through a contractor or any other entity with which Inova arranges to carry out its programs and activities.

This policy is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Section 1557 of the Affordable Care Act, and regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at 45 C.F.R. Parts 80, 84, 91 and 92, respectively.

Inova:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please let our staff know of your needs for effective communication.

If you believe that Inova has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling 703.205.2175. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Patient Relations staff is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201 1-800-868-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

## Interpreter Services are available at no cost to you.

**Please let our staff know of your needs for effective communication.**

Spanish	Atención: Si usted habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Por favor infórmeme a nuestro personal sobre sus necesidades para lograr una comunicación efectiva.
Korean	알려드립니다: 귀하가 한국어를 구사한다면 무료 언어 도움 서비스가 가능합니다. 효과적인 의사전달을 위해 필요한 것이 있다면 저희 실무자에게 알려주시기 바랍니다.
Vietnamese	Chú ý: Nếu quý vị nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ có sẵn miễn phí cho quý vị sử dụng. Xin vui lòng thông báo cho nhân viên biết nhu cầu của quý vị để giao tiếp hiệu quả hơn.
Chinese	注意：如果你說中文，可以向你提供免費語言協助服務。請讓我們的員工了解你的需求以進行有效溝通。
Arabic	انتبه: إذا كنت تتحدث العربية، توفر الخدمات المجانية للمساعدة في اللغة. يرجى إعلام فريق العمل باحتياجاته من أجل الحصول على عملية ناجحة.
Tagalog	Atensyon: Kung nagsasalita ka ng Tagalog, mayroong magagamit na mga libreng serbisyo tulong sa wika para sa iyo. Mangyaring ipaalam sa aming mga kawani ang iyong mga pangangailangan para sa epektibong komunikasyon.
Farsi	توجه: اگر به زبان فارسی صحبت می کنید، نسخهای زبانی به صورت رایگان برای شما فراهم خواهد بود. به منظور برقراری ارتباط موثر، کارکنان ما را از نیازهای خود مطلع کنید.
Amharic	ተከሱት አማርኛ የሚደረገው ስራው ለአዲስ የቅንድ የኩጂ የሚያስተካክለሁ:: መጠቃሚ የግዢ የሚደረገውን የሚፈልግ ስራው ለተጨማሪ የቅንድ የሚያስተካክለሁ::
Urdu	توجه: اگر آپ اردو بولنے پر نہ، زبان امداد خدمات، مفت میں، آپ کو دستیاب ہیں۔ موثر مواصلات کے لئے فرانسیسی مہربانی پرمارے عملہ کو اپنی ضروریات کے بارے میں بنلا دیں۔
French	Attention: Si vous parlez Français, des services d'aide linguistique vous sont proposés gratuitement. Veuillez informer notre personnel de vos besoins pour assurer une communication efficace.
Russian	Внимание: Если вы говорите на русском языке, для вас доступны бесплатные услуги помощи с языком. Для эффективной коммуникации, пожалуйста, дайте персоналу знать о ваших потребностях.
Hindi	कृपया ध्यान दें : यदि आप हिन्दी बोलते हैं, तो आपके लिए विशेषज्ञ भाषा सहायता सेवा उपलब्ध है। कृपया प्रभावी संचार-संपर्क हेतु अपनी आवश्यकताओं के बारे में हमारे कर्मचारियों को बताएं।
German	Achtung: Wenn Sie Deutsch sprechen, stehen kostenlose Service-Sprachdienstleistungen zu Ihrer Verfügung. Teilen Sie unserem Team bitte Ihre Wünsche für eine effektive Kommunikation mit.
Bengali	দৃষ্টি আকর্ষণ করুন : আপনি যদি বাংলা বলতে পারেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা সেবা পাওয়া যাবে। অনুগ্রহ করে কার্যকরী যোগাযোগের জন্য আপনার প্রয়োজনীয়তার বিষয়ে আগদের কর্মীদের জানান।
Kru (Bassa)	Tè Dùñ Nòmà Dyiin Cáo: Ð jù ké ñà dyi Gà ñòñ-wùñù (Bà:ññ-wùñù) po ni, ni, à bédé gbo-kpá-kpá ñò wudu-dùkò-kò po-nyù bë bli nñ à gbo bò pidyi. M dyi qè ñò mññ à gbo ni, mñ me nyuz bë à kùlà-nyù ñéñ kée dyi dyuò, kë à kë mò kë mue jë cùnnòmà dyiin.
Ibo	Nriybama: Q buru na i na asu Igbo, oru enyemaka asusu, n'efu, diji gi. Biko mee ka ndị oru anyị mara mkpa gi malta nkukwokonita ga-agà nke oma.
Yoruba	Akiyesi: Bi o ba nsø Yoruba, awọn isé iranilowó ede wa l'ofe fun o. Jówo je ki ara ibise wa mo nipa awọn aini rẹ fun ibaraenisoro ti o munadoko.



**Our patients are the reason for all we do: we want to improve and you can help! You may receive a survey asking about your visit – this will come from Inova through postal mail or via email from our survey vendor. Please take the time to complete it; your valuable input will be used to recognize exceptional members of the care team and improve the quality of our service. Thank you!**

Patient Signature: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Responsible Adult: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CDC Recommendations to Prepare for COVID-19

**Stay home if you are sick.** Stay home if you have symptoms of a fever, cough, or shortness of breath. If a member of your household is sick, stay home from school and work to avoid spreading COVID-19 to others.

- If your children are in the care of others, urge caregivers to watch for COVID-19 symptoms.

**Continue practicing everyday preventive actions.** Cover coughs and sneezes with a tissue and wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use a hand sanitizer that contains 60% alcohol. Clean frequently touched surfaces and objects daily using a regular household detergent and water.

**Use the separate room and bathroom you prepared for sick household members (if possible).** Avoid sharing personal items like food and drinks. Provide your sick household member with clean disposable facemasks to wear at home, if available, to help prevent spreading COVID-19 to others. Clean the sick room and bathroom, as needed, to avoid unnecessary contact with the sick person.

- If surfaces are dirty, they should be cleaned using a detergent and water prior to disinfection. For disinfection, a list of products with EPA-approved emerging viral pathogens claims, maintained by the CDC (See CDC website for more information). Always follow the manufacturer's instructions for all cleaning and disinfection products.

**Stay in touch with others by phone or email.** If you live alone and become sick during a COVID-19 outbreak, you may need help. If you have a chronic medical condition and live alone, ask family, friends, and health care providers to check on you during an outbreak. Stay in touch with family and friends with chronic medical conditions.

Name: Zackary E Sanders | DOB: 2/16/1995 | MRN: 02378093 | PCP: PCP None, MD

## Appointment Details



### AFTER VISIT SUMMARY

Zackary E. Sanders DoB: 2/16/1995

1/30/2020 3:00 PM Fairfax Inova Schar Cancer Institute - Adult Infusion 571-472-4724

### What's Next

You currently have no upcoming appointments scheduled.

### Allergies

No Known Allergies

No results for this visit

### Today's Visit

You saw Leslie F Hunt-Reda, RN on Thursday January 30, 2020. The following issue was addressed: Optic neuritis, left.



Blood Pressure  
121/77



Temperature (Oral)  
98.4 °F



Pulse  
56



Respiratio  
n  
17

### Medications Given

methylPREDNISolone sodium succinate (SOLU-Medrol)  
injection 1000 mg Stopped  
1/30/2020 4:39 PM

Sanders\_039

4/10/2020, 2:38 PM

## Your Medication List as of January 30, 2020 11:59 PM

 Always use your most recent med list.

<b>amoxicillin-clavulanate</b> 875-125 MG per tablet Commonly known as: AUGMENTIN	Take 1 tablet by mouth 2 (two) times daily
<b>fluticasone-salmeterol</b> 115-21 MCG/ACT inhaler Commonly known as: ADVAIR HFA	Inhale 2 puffs into the lungs 2 (two) times daily
<b>ibuprofen</b> 800 MG tablet Commonly known as: ADVIL,MOTRIN	Take 1 tablet (800 mg total) by mouth every 8 (eight) hours as needed for Pain
<b>meloxicam</b> 15 MG tablet Commonly known as: MOBIC	Take 15 mg by mouth daily
<b>rizatriptan</b> 10 MG tablet Commonly known as: Maxalt	Take 1 tablet (10 mg total) by mouth once as needed for Migraine.for up to 1 dose May repeat in 2 hours if needed. Max 2/day

## MyChart Result Reminder

If you have had tests ordered by our office and have not heard from us about the results within 10 days from the time the test was done, please send us a secure message on MyChart and we will gladly discuss them with you. If the patient is between the ages of 12 and 17 please call the office.

## Notice of Non-Discrimination

As a recipient of federal financial assistance, Inova Health System ("Inova") does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, sex, disability, or age in admission to, participation in, or receipt of the services or benefits under any of its programs or activities, whether carried out by Inova directly or through a contractor or any other entity with which Inova arranges to carry out its programs and activities.

This policy is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Section 1557 of the Affordable Care Act, and regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at 45 C.F.R. Parts 80, 84, 91 and 92, respectively.

Sanders\_040

Inova:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please let our staff know of your needs for effective communication.

If you believe that Inova has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling 703.205.2175. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Patient Relations staff is available to help you.

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U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201 1-800-868-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

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**Please let our staff know of your needs for effective communication.**

Spanish	Atención: Si usted habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Por favor infórmeme a nuestro personal sobre sus necesidades para lograr una comunicación efectiva.
Korean	알려드립니다. 귀하가 한국어를 구사한다면 무료 언어 도움 서비스가 가능합니다. 효과적인 의사전달을 위해 필요한 것이 있다면 저희 실무자에게 알려주시기 바랍니다.
Vietnamese	Chú ý: Nếu quý vị nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ có sẵn miễn phí cho quý vị sử dụng. Xin vui lòng thông báo cho nhân viên biết nhu cầu của quý vị để giao tiếp hiệu quả hơn.
Chinese	注意：如果你說中文，可以向你提供免費語言協助服務。請讓我們的員工了解你的需求以進行有效溝通。
Arabic	انبه، إذا كنت تتحدث العربية، توفر الخدمات المجانية للمساعدة في اللغة. يرجى إعلام عريف العمل باحتياجاتك من أجل الحصول على معلمات فعالة.
Tagalog	Atensyon: Kung nagsasalita ka ng Tagalog, mayroong magagamit na mga libreng serbisyon tulong sa wika para sa iyo. Mangyaring ipaalam sa aming mga kawani ang iyong mga pangangailangan para sa epektibong komunikasyon.
Farsi	ترجمه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی به صورت رایگان برای شما فراهم خواهد بود. به منظور برقراری ارتباط موثر، کارکنان ما را از نیازهای خود مطلع کنید.
Amharic	ተከታታለ፡ ላማርኛ የሚደረገ ከዚህ ለአዲስ የቀንና የጊዜ አገልግሎቶች ዘመኑን በፊት ይችላል፡፡ ወጪታም የሁን ከሚያደረገውን የሚፈልገት ከዚህ ለፈተናቸው ለሚገኘው የድርጅት፡፡
Urdu	ترجمہ: اگر آپ اردو بولئے ہیں تو، زبانِ امداد خدمات، مفت میں، آپ کو دستیاب ہیں۔ موفر مواصلات کے لیے برائے مہربانی پرمارے عملہ کو اپنی ضروریات کے بارے میں بدلنا دین۔
French	Attention: Si vous parlez Français, des services d'aide linguistique vous sont proposés gratuitement. Veuillez informer notre personnel de vos besoins pour assurer une communication efficace.
Russian	Внимание: Если вы говорите на русском языке, для вас доступны бесплатные услуги помощи с языком. Для эффективной коммуникации, пожалуйста, дайте персоналу знать о ваших потребностях.
Hindi	कृपया द्याव दें : यदि आप हिन्दी बोलते हैं, तो आपके लिए विश्वलुक आधा सहायता सेवा उपलब्ध है। कृपया प्रमाणी संचार-संपर्क हेतु अपनी आवश्यकताओं के बारे में हमारे कर्मचारियों को ज्ञातएं।
German	Achtung: Wenn Sie Deutsch sprechen, stehen kostenlose Service-Sprachdienstleistungen zu Ihrer Verfügung. Teilen Sie unserem Team bitte Ihre Wünsche für eine effektive Kommunikation mit.
Bengali	দৃষ্টি আকর্ষণ করুন : আপনি যদি বাংলা বলতে পারেন, তাহলে আপনার জন্য বিনামূলে ভাষা সহায়তা সেবা প্রাপ্ত্য যাবে। অনুযাই করে কার্যকরী যোগাযোগের জন্য আপনার প্রয়োজনীয়তার বিষয়ে আমাদের কর্মীদের জানান।
Kru (Bassa)	Tò Òdù Ìnmà Dýin Cáo: Ðị jù kè m̄ dyi Gđéjɔ́-wùdqù ("Bíslɔ́-wùdqù") po n̄, n̄, à bédé gbo-kpá-kpá bó wudu-dúkò-kò po-nyɔ́ bó bùl n̄ à gbo pídý. M̄ dyi q̄ d̄o m̄ n̄ à gbo n̄, m̄ me nyue b̄ à kñú-nyú b̄é kée dyi dyuò, ké à k̄e m̄ k̄e mue j̄e cñán n̄má dýin.
Ibo	Nribama: O bụru na i na asụ Igbo, o bụ enyemaka asusu, n'efu, dñi gi. Biko mee ka ndị o bụ anyị mara mkpa gi maka nkukorita ga-agà nke orna.
Yoruba	Akiyesi: Bi o ba nsq Yoruba, awọn isẹ iranilowó ede wa l'ofe fun q. Jowó je li ara ibisé wa mo nipa awọn aini re fu n iharaeniposa ri o munadunko.



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Sanders\_043

Name: Zackary E Sanders | DOB: 2/16/1995 | MRN: 02378093 | PCP: PCP None, MD

## Appointment Details



### AFTER VISIT SUMMARY

Zackary E. Sanders DoB: 2/16/1995

1/31/2020 2:00 PM Fairfax Inova Schar Cancer Institute - Adult Infusion 571-472-4724

### What's Next

You currently have no upcoming appointments scheduled.

### Allergies

No Known Allergies

No results for this visit

### Today's Visit

You saw Sue E Rabil, RN on Friday January 31, 2020. The following issue was addressed: Blurred vision, left eye.

	Blood Pressure 130/84		BMI 37.66
	Weight 255 lb		Temperature (Oral) 97.9 °F
	Pulse 71		Respiration 18
	Oxygen Saturation 97%		

### Medications Given

methylPREDNISolone sodium succinate (SOLU-Medrol) injection 1000 mg Stopped 1/31/2020 4:15 PM

Sanders\_044

4/10/2020, 2:39 PM

## Your Medication List as of January 31, 2020 11:59 PM

 Always use your most recent med list.

<b>amoxicillin-clavulanate</b> 875-125 MG per tablet Commonly known as: AUGMENTIN	Take 1 tablet by mouth 2 (two) times daily
<b>fluticasone-salmeterol</b> 115-21 MCG/ACT inhaler Commonly known as: ADVAIR HFA	Inhale 2 puffs into the lungs 2 (two) times daily
<b>ibuprofen</b> 800 MG tablet Commonly known as: ADVIL,MOTRIN	Take 1 tablet (800 mg total) by mouth every 8 (eight) hours as needed for Pain
<b>meloxicam</b> 15 MG tablet Commonly known as: MOBIC	Take 15 mg by mouth daily
<b>rizatriptan</b> 10 MG tablet Commonly known as: Maxalt	Take 1 tablet (10 mg total) by mouth once as needed for Migraine.for up to 1 dose May repeat in 2 hours if needed. Max 2/day

## MyChart Result Reminder

If you have had tests ordered by our office and have not heard from us about the results within 10 days from the time the test was done, please send us a secure message on MyChart and we will gladly discuss them with you. If the patient is between the ages of 12 and 17 please call the office.

## Notice of Non-Discrimination

As a recipient of federal financial assistance, Inova Health System ("Inova") does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, sex, disability, or age in admission to, participation in, or receipt of the services or benefits under any of its programs or activities, whether carried out by Inova directly or through a contractor or any other entity with which Inova arranges to carry out its programs and activities.

This policy is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Section 1557 of the Affordable Care Act, and regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at 45 C.F.R. Parts 80, 84, 91 and 92, respectively.

Sanders\_045

**Inova:**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

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French	Attention: Si vous parlez Français, des services d'aide linguistique vous sont proposés gratuitement. Veuillez informer notre personnel de vos besoins pour assurer une communication efficace.
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Kru (Bassa)	Tè Dùù Nàmò Dyiin Cáo: Jíú kérà dyi Gòòjù-wùndù ("Bàccùjù-wùndù") po ni, nà, à bédé gbo-kpá-kpá bó wuqu-dù kò-kò po-nyò bò bii nà à gbo bó pídye. M dyi dè qò mò nà à gbo ni, th me nyue bë à kùà-nyò bë à kér à dyi duò, ké à kè mò kò muz jè cùnn nàmò dyin.
Ibo	Nnubama: O bụnụ na i na asụ Igbo, o bụ enyemaka asụṣu, n'efu, dịrị gi. Biko mee ka ndị o bụ anyị mara mkpa gi maka nkukorịta ga-agà nke ọma.
Yoruba	Akiyesi: Bi o ba nsq Yoruba, awọn işe iranilowó ede wa l'ofe fun o. Jówo je ki ara ibise wa mo nipa awon aini rẹ fun ibaraenisoro ti o munadol'o.



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